| * If the differ  | AMALLEN  | INTERMENTAL OF THE STATE OF THE | minus 20<br>minus 3<br>ENT - 637 CFR<br>m "0" in solumn 2 | d.<br>Cilmini                               |  | RATE  S 1  X S =  X | S A                    | OR<br>OR<br>OR | RATE XS.             | FEE<br>S               |
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| AMENDMENT & Lind on the control of t | SMALL EN   | CLAIMS (Column 1)  |   | DED PARTH                                   |  | TOTAL               |                        | OR<br>OR       | TOTAL                |                        |
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|  | 10   |  | SMALL PRINTY CLAIMS AS AMEADED - PART H                   |   |  |                     |                        |                | OFHER TI<br>SMALL EI |                        |
|  | 4F   | TOLAIMS REMAINING AFTER AMENDMENT  | l.  | HIGHEST NUMBER PREVIOUSLY PAID FOR          | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                 | ADDI-<br>TIONAL<br>FEE |
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| L  | (Column 1) (Column 2) (Column 3)                           |  |   |   |  | TOTAL<br>ADDIT, FEE |                        | ÖR,            | TOTAL. ADDIT. FEE    |                        |
| ENT B  |  | CLAIMS REMAINING AFTER AMENDMENT   |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE TIC            | ADDI-<br>TIONAL<br>FEE | IONAL<br>FEE   | RATE                 | ADDI-<br>TIONAL<br>FEE |
| MO   | Total<br>7 CFR 1.16(c))                                    | *  | Minus '   | **  |  | x \$ =              |                        | OR             | x S =                |                        |
| ind Ind  | idependent   | *  | Minus   | ***   |  | х=                  |                        | ÖR<br>OR       | X                    |                        |
|  |  | ENTATION OF MU   | LTIPLE DEPE   | NDENT CLAIM                                 | (FTCFR 1 foods)  | T =                 |                        | OR             |                      | =                      |
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| AMENDMENT C  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT  |   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA   | RATE                | ADDI-<br>TIONAL<br>FEE |                | RATE                 | ADDI-<br>TIONAL<br>FEE |
| Ng I.  | Total  | \$   | Mines   | **  |  | x \$ -              |                        | OF             | N S =                |                        |
| WE I   | ndependent<br>37 CFR 1 1950                                | S-   | Minus   | * * *                                       |  | x .                 |                        | OR<br>OR       | 1.                   |                        |
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\*\* If the entry in column Lis less than the entry in column 2, write "0" in column 3

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "2"

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. This form is estimated to take 0.2 hours to Complete. This will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patern and Trademark. Office, Washington, DC 20231. DO NOT SPND FUTS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissionar for Paterns, Washington, DC 20231.

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